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Application of PocketFluorimeter

Substitute for Form PTO-875

108039

APPLICATION AS FILED - PART I

(Column 1)

(Column 2)

### SMALL ENTITY

**OR**

OTHER THAN  
SMALL ENTITY

COLUMN 2			SMALL ENTITY		SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.18(a), (b), or (c))						
SEARCH FEE (37 CFR 1.18(h), (i), or (m))						
EXAMINATION FEE (37 CFR 1.18(e), (p), or (q))						
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =		x	x	x	x
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =		x	x	x	x
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		TOTAL	

\* If the difference in column 1 is less than zero, enter '0' in column 2

APPLICATION AS AMENDED -- PART II

(Column 1)

(Column 2)

(College 3)

**SMALL ENTITY**

Of

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	9-30-05			
Total (37 CFR § 16.02)	20	minus	20	-
Independent (37 CFR § 16.02)	2	minus	3	-
Application Size Fee (37 CFR § 16.02)				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR § 16.02)				

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
25	
100	
TOTAL ADD. FEE	

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
50	
200	
TOTAL ADD. FEE	

[illegible]

The recipient of information is required to file PCT Form 116. The information supplied is to be retained as a benefit by the public authority in its file (and by the USPTO) for processing of the application. Confidentiality is governed by 35 U.S.C. 122 and 35 U.S.C. 123. This collection is estimated to take 10 minutes to complete. The respondent is required to submit this completed form along with the USPTO Form 116, and any other information required to complete this form, and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. Do not SEND FORMS TO THE PATENT INFORMATION DEPARTMENT. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

920522-95773  
10/805972

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	0
X86=	0
+290=	0
TOTAL	770

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.